

REGION I AGING SERVICES

Karen Quick, Regional Aging Services Program Administrator

Serving: Divide, McKenzie and Williams Counties



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AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Karen Quick** at 774-4685 or kquick@nd.gov. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Northwest Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Northwest Human Service Center** is an equal opportunity employer.

MISSION STATEMENT

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

*Region I Newsletter compiled
by WCHSC
Aging Services*

*Layout & design by 
Peggy Krein, WCHSC*



New Web site helps locate services for older adults & adults with disabilities

The North Dakota Department of Human Services has launched a new Web site, www.carechoice.nd.gov, to help people locate services for older adults and adults with disabilities. Called the *Aging and Disability Resource-LINK*, it replaces the state's Senior Info-Line Web site and includes additional information such as food pantries, community services, and transportation resources. The Web site's database is updated regularly. Individuals can search by service type or provider name and can also search for services within a county or a specified driving distance of a zip code.

"People usually are not familiar with existing services and community resources that can help them stay in their homes, and that leaves a knowledge gap when a health crisis or significant change in ability occurs," said Aging Services Division Director Linda Wright. "This free and confidential service features a database of services that can help people maintain their independence or meet their changing needs."

Individuals who do not have Internet access or who prefer to receive information by phone can access the *Aging and Disability Resource-LINK* by calling the nationwide toll free number at 1-800-451-8693.

A certified resource and referral specialist employed by the department answers calls Monday through Friday, 8 a.m. to 5 p.m., Central Time. During evening or weekends, callers can leave a message. Calls will be returned on the next business day. Individuals can also contact the resource link by e-mail at carechoice@nd.gov.

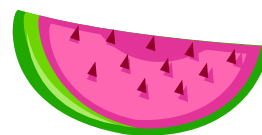
Royce Schultze, Executive Director of the Dakota Center for Independent Living, Inc. in Bismarck, N.D., said, "Our agency staff would

use this to assist consumers. It is user-friendly for people with disabilities and is much easier to use than paper brochures. It is a great tool in serving people with disabilities."

The department does not endorse listed services, but provides the information as a public service. Entities wishing to submit information about services for consideration can e-mail: **carechoice@nd.gov**.

According to Wright, "long-distance caregivers" and professionals who work with seniors and people with disabilities often use the information and referral service. In 2007, the human services department received about 8,500 requests through its information and referral Web site and phone line.

Contacts: Linda Wright, Director of Aging Services, 701-328-4607, or Heather Steffl, Public Information Officer, 701-328-4933



Important Reminder for Users of Blood Glucose Meters



The FDA wants to remind users of blood glucose meters that you must use **only** the brand of test strips that is recommended for your meter. If the correct test strips are not used, you may receive inaccurate results or no results.

To read more about this important message, go to:

<http://www.fda.gov/cdrh/oivd/test-strips.html>

Healthy Weight - What It Means to You

According to the Centers for Disease Control and Prevention, based on a nationwide survey conducted from 2001 to 2004, approximately 71 percent of Americans over 50 years old are either overweight or obese, as compared with 64 percent from the 1988-1994 survey.

Successful 'Losers' How Do They Do It?

Although experts may have different theories on how and why people become overweight, they generally agree that the key to losing weight is a simple message: Eat less and increase your physical activity. According to the 2005 Dietary Guidelines for Americans, it is recommended that adults engage in approximately 60 minutes of moderate to vigorous intensity activity on most days of the week. These are the keys to manage body weight. Your body needs to burn more calories than you take in. Before starting any exercise program, talk with your healthcare professional.

Successful weight losers usually do the following:

- eat a low-calorie, low-fat diet
- eat smaller portions
- eat breakfast
- drink water instead of sugary drinks
- monitor themselves by weighing in frequently
- be physically active

The typical pattern for the average overweight person who is trying to diet is to eat little or no breakfast and a light lunch. As the day progresses, they get hungry and eat most of their calories late in the day. Successful weight losers have managed to change this pattern.

Effects of Being Overweight or Obese

Obesity is often classified as a disease. The National Heart, Lung and Blood Institute (NHLBI) describes it as a complex chronic disease involving social, behavioral, cultural, physiological, metabolic, and genetic factors. Being overweight or obese increases the risk of many diseases and health conditions, including the following:

- Hypertension (high blood pressure)
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- High total cholesterol or high levels of triglycerides
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Sleep apnea and respiratory problems
- Some cancers (endometrial, breast, and colon)

Tips for Eating Out

- Before you order, consider content of menu items, such as calories, saturated fat, and sodium.
- Request your meal to be served without gravy, sauces, butter or margarine.
- Ask for salad dressing on the side, and use only small amounts of full-fat dressings.
- Choose foods that are steamed, broiled, baked, roasted, poached, or stir-fried, but not deep-fat fried.
- Share food, such as a main dish or dessert, with your dining partner.
- Take part of the food home with you and refrigerate immediately. You may want to ask for a take-home container when the meal arrives. Spoon half the meal into it, so you are more likely to eat only what's left on your plate.

Set a Goal

The first step to weight loss is setting a realistic goal. By using a Body Mass Index

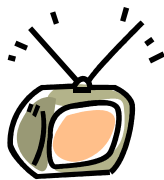
(BMI) chart and talking with your healthcare professional, you can determine what a healthy weight is for you.

Studies show that you can improve your health with just a small amount of weight loss. Physical activity in combination with reduced calorie consumption can lead to a 5 to 10 percent weight loss. Even modest weight loss can improve blood pressure and help control diabetes and high cholesterol in overweight or obese adults.

Source: FDA Consumer magazine, January-February 2002 Issue with revisions made in April 2002, March 2003, and April 2004.

Additional Information

- Department of Health and Human Services' Small Step Program. Tools and information for eating better and living a healthier lifestyle.
<http://www.smallstep.gov/>
- U.S. Department of Agriculture's [MyPyramid.gov](http://www.mypyramid.gov). Offers personalized eating plans, interactive tools to help you plan and assess your food choices, and advice to help you.
<http://www.mypyramid.gov>
- NIH National Institutes on Aging - NIH Senior Health offers tips on eating well as you get older.
<http://nihseniorhealth.gov/eatingwellasyougetolder/toc.html>



FCC URGES TV VIEWERS TO GEAR UP FOR THE

CONVERSION TO ALL DIGITAL TELEVISION

To help consumers with the DTV transition, the Government established the Digital-to-Analog Converter Box Coupon Program. Every U.S. household is eligible to receive up to two coupons, worth \$40 each, toward the purchase of eligible digital-to-analog converter boxes. For more information on the Digital-to-Analog Converter Box Coupon Program, visit the NTIA's Web site at www.dtv2009.gov, or call 1-888-388-2009 (voice) or 1-877-530-2634 (TTY).

Cable and satellite TV subscribers with analog TVs hooked up to their cable or satellite service should not be affected by the February 17, 2009, cut-off date for full-power analog broadcasting, but should contact their provider to find out if anything is needed to be prepared for the February deadline.

There are many sources of information about the digital transition but one of the best is the government's Web site www.dtv.gov. You can also call 1-888-CALL-FCC (1-888-225-5322).

SILVER HAired EDUCATION ASSEMBLY:

Members for Region 1 are Heather Anderson, Williams Co.; Nyla Dahl for McKenzie Co. and Erwin Hanson for Divide County.

INDEPENDENCE, INC.

The main office for Region 1 is Minot and now we have an outreach office in Williston – 11 E Bdwy., Suite 102, Williston, ND 58801; 701-572-7373; by appointment only. It's a private, non-profit center to meet the independent living needs of persons with disabilities living in northwest North Dakota.

ND Family Caregiver Support Program



©Family Caregiver Alliance

Hands-On Skills for Caregivers

When you're a caregiver, finding time to take care of your own physical needs is difficult enough, but taking care of the physical needs of someone else is even more challenging. Assisting someone else to dress, bathe, sit or stand when they are upset, agitated or combative—often the case when caring for someone with a brain disorder such as Alzheimer's disease—requires special strategies. The following five techniques can make taking care of a loved one's physical needs easier.

Approach from the front and retain eye contact. When assisting someone physically, do not approach him/her from behind or from the side. This can startle and confuse the person in your care, leading to increased levels of agitation and/or paranoia. Instead, approach from the front. Touch the care recipient on the shoulder, upper arm or hand, and tell them what's going on. Use a calm voice to walk him/her through the whole process. For example, "Okay, let's stand up. Good. Next, we are going to..." Retain eye contact throughout the duration of the activity.

Elicit your loved one's help. Even when frail, your loved one might be able to shift his/her weight or move his/her arms or legs to make physically assisting them easier. Some examples are: "We're getting ready to stand now, mom, so lean forward as far as you can," or, "Can you move your leg, honey, so I can change the sheet?" A little help from them means a lot less work for you.

Allow the person to finish what they're doing. If, as a caregiver, you are running late, the tendency is to hurry your loved one, too. However, this rushed atmosphere is very difficult for care recipients, especially those who suffer from memory loss or brain impairment. Though you may try to sound calm and encouraging, it's easy for loved ones to pick up our "anxious vibes." So, even if running late, allow some time to finish the current activity before moving onto the next. For example, "Mom, after you finish that last bite of cereal, we're going to get you dressed and ready to see your friends."

Utilize the major bone and muscle groups. When physically assisting a loved one, pulling or supporting them by their hands or arms is not only difficult, but may lead to injury for you and them. Instead, utilize the major muscle/bone groups.

For example, when taking someone for a walk, stand directly behind and to the left of him or her. Place your left hand on their left shoulder, and your right hand on their right shoulder. In this way you are walking with your loved one in a comforting hug rather than pulling or pushing them. And when turning someone in a bed, utilize the large bones in the hip and shoulder, and the large muscles in the legs. Pull them toward you with your right hand over their hip or at the knee, and your left hand at their shoulder. Finally, when pulling someone to a standing position, it's best to use a transfer belt (one can be purchased at any medical supply store for around twenty dollars).

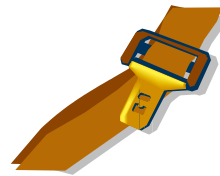
Once they are sitting at the edge of the bed or chair, pull up on the transfer belt, “hugging” your loved one close, again, utilizing their large muscle groups in the shoulders and the back. Remember to keep your back straight and to always change position by moving your feet, rather than twisting at the waist. And before going home from your next doctor’s appointment, ask for a referral to an occupational therapist who can help you develop your transferring skills.

Allow for Their Reality. Remember to accept your loved one’s reality, even when assisting with a physical task. If, for example, your spouse becomes shy because he/she thinks that you are a sibling and doesn’t want to get undressed in front of you, don’t force the situation. Try leaving the room and coming back in a couple of minutes. Perhaps on a second or third attempt your spouse will recognize you and be amenable to your care. If all else fails, consider the situation. Is it an emergency? Changing a loved one’s soiled garments cannot be delayed. However, if a care recipient is being difficult and doesn’t want to take a bath or wash his/her hair on a particular day, that’s okay. Plan on doing it at a later time that day or the next day, when your loved one may accept your help.

Finally, don’t try to physically assist with caregiving unless you can. Injuring yourself will not help the situation, and will often make your caregiving responsibilities that much more difficult. If you find yourself in a nonemergency situation where you are unable to physically assist your loved one (for example, after he/she slides from their chair to the floor) call your local fire department and request a “fireman’s assist.” They will come to your house and help you. If it is an emergency situation (where either you or your loved one are injured), contact the paramedics by calling 911.

(c) Family Caregiver Alliance. Used with permission. For more information on FCA, visit www.caregiver.org or call (800) 445-8106.

**Stay Inside to Survive
Click it – Or Ticket !!!**



Attention Traffic Safety Friends!

The North Dakota Department of Transportation, Office of Traffic Safety, Safe Communities Programs, law enforcement and other traffic safety advocates statewide are teaming up to get the word out! **Seat belts save lives!**

In 2007, 65 of the 97 individuals killed in traffic crashes were **not wearing** their seat belts. That’s nearly 70 percent! The theme for this year’s public information and education campaign is focused on staying inside the vehicle for protection. Everything about vehicle design is done with safety in mind. Why would someone want to leave the ‘engineered life space’ for an environment of concrete, rocks, posts and a vehicle that could roll over you?

Seat belts are the single most effective way to save lives!!!

NORTH DAKOTANS URGED TO PLAN AHEAD FOR LONG-TERM CARE NEEDS

Outreach effort aims to educate the public about care options and a newer type of long-term care insurance that allows covered individuals to safeguard assets if they need Medicaid later and qualify.

BISMARCK, N.D. – Governor John Hoeven has launched a public awareness campaign titled “Own Your Future” that encourages state residents to plan ahead for their future long-term care needs. The state is partnering with the U.S. Department of Health and Human Services on the effort that encourages 50-65 year-olds to get the facts about Medicare, Medicaid, in-home care and other care options, and to plan financially for future long-term needs.

“The decisions people make now can impact their future quality of life. This federal-state partnership encourages people to start talking about and planning for this aspect of their retirement,” Hoeven said.

Hoeven is sending letters and federal brochures to about 64,000 North Dakota households with residents who are between 50 and 65 years of age. The information encourages recipients to order a free long-term care planning kit from the federal Centers for Medicare and Medicaid Services. Individuals who request the kit will also receive information about North Dakota services and resources.

According to the N.D. Department of Human Services, many people are not aware of the variety of in-home and facility-based long-term care services and supportive programs available in their communities, or are unprepared financially for the cost of such services. In 2007, residents in nursing homes paid an average of \$58,380 in North Dakota. Medicare, the federal health coverage program for senior citizens, does not cover most nursing home stays.

“People who do not plan for this aspect of retirement often have to sell assets to pay for their care,” said the department’s Medicaid Director Maggie Anderson. “When those funds are spent, individuals often apply for assistance through Medicaid, the federal and state-funded medical assistance program for qualifying low-income individuals.”

Anderson said that a new Partnership Program is now available in North Dakota and other states that modified their state Medicaid plans. Individuals who purchase qualifying long-term care policies can retain some of their assets if they use up their insurance benefits and qualify for Medicaid in the future.

She described the policies as a win-win. “Qualifying private policies help people pay for needed long-term care services provided in their homes or in facilities, and may also help reduce state Medicaid costs by postponing the need for Medicaid,” Anderson said.

North Dakota is the latest state to participate in the federal “Own Your Future” public education effort that enlists the support of governors and state agencies that administer Medicaid. As of April 2008, 18 states, including South Dakota, had participated in the program.

For more details about long-term care planning, visit www.longtermcare.gov/campaign. Individuals with questions about long-term care insurance are encouraged to contact the North Dakota Insurance Department at www.nd.gov/ndins or toll free: 1-800-247-0560.

For information about programs and services for older adults or people with disabilities, contact the North Dakota Department of Human Services' Aging and Disability Resource LINK at 1-800-451-8693 (nation-wide toll free) or search the on-line database at www.carechoice.nd.gov. Or, you may contact a Regional Aging Services Program Administrator in your region (see page 11 of this publication).

CONSUMERS CONTINUE TO BUY RISKY AND COSTLY DRUGS ONLINE

Self-medication a concern; FDA-approved generics may be cheaper alternative

A year-long FDA investigation into drugs mailed to the United States from foreign countries suggests that consumers may be buying drugs online to avoid the need for a prescription from their physician. FDA urges consumers to beware of unregulated Internet drug sellers, because many of their products might not contain the correct ingredients and could contain toxic substances. The FDA sampling of imported drugs also indicates that consumers continue to spend money unnecessarily on potentially risky drug products bought over the Internet.

The investigation found 88 percent of the 2,069 drug packages examined appeared to be prescription medicines available in the United States. Of the remaining products, some were dietary supplements, some were foreign products with labeling that was difficult to read or could not be understood, and some were medications not available in the United States. More than half (53 percent) of the products sampled have FDA-approved generic versions, usually sold at lower costs. Earlier studies have shown that generics in the United States to be generally cheaper than a comparable drug in Canada or Western Europe. In fact, approved generic versions of approximately half (47 percent) of the sampled products can be bought for \$4 at several national chain pharmacies, a price often lower than the shipping costs for the same drugs purchased online.

Source: FDA News (This release was updated on Nov. 1, 2007)

"VA GIVES VETERANS MONEY TO PAY FOR ELDER CARE SERVICES AT HOME"

Under the right conditions, about 33% of all seniors in this country could qualify for up to \$1,843 a month in additional income from the Department of Veterans Affairs. This money can be used to pay just about anyone to provide elder care services at home. As an example, these funds can be used to pay children, other relatives, friends, home care companies, or domestic workers. Adequate documentation and evidence must be provided in order to receive money from VA for these services, particularly the services provided by family members or other non-professional providers.

The National Care Planning Council furnishes detailed instructions and training to those practitioners who wish to help veteran households receive this valuable source of revenue to pay for home care.

Please go to the following URL for the entire article and previous articles: (Either click on the link or copy the address into your browser.) <http://www.planforcare.org> or copy and paste the following into your browser: <http://www.planforcare.org>

“Let there be more joy and laughter in your living.” (Eileen Caddy)

Planning for Excessive Heat Events

Information for Older Adults and Family Caregivers

Did you know that each year more people die from “excessive heat events” than from hurricanes, lightning, tornadoes, floods, and earthquakes combined. Anyone can be adversely affected by excessive heat, but older adults are particularly vulnerable. Fortunately, there are simple steps that older adults, their care-givers, and community leaders can take to decrease the impact of excessive heat events.

Who is At Risk from Extreme Heat? Older adults, as well as young children, are at high risk from excessive heat events. For the growing number of aging Americans, the body’s cooling mechanisms may become impaired. Living alone or being confined to a bed and unable to care for one’s self further increases risk. Existing health conditions such as chronic illness, mental impairment, and obesity can also heighten an individual’s vulnerability. Persons taking certain medications are likewise susceptible. In addition, people who live on the top floors of buildings without air-conditioning are more likely to be exposed to excessive heat. Participating in strenuous outdoor activities and consuming alcohol during unusually hot weather likewise exacerbates heat-related health effects.

How Can I Reduce Exposure to Excessive Heat? The best defense against excessive heat is prevention. Air-conditioning is one of the best protective factors against heat-related illness and deaths. Even a few hours a day in air conditioning can greatly reduce the risk. Electric fans may provide comfort, but when temperatures are in the high 90’s fans do not prevent heat-related illness. During excessive heat events, the following prevention strategies can save lives:

- Visit air-conditioned buildings in your community if your home is not air-conditioned. These may include: senior centers, movie theaters, libraries, shopping malls, or designated “cooling centers.”
- Take a cool shower or bath.
- Drink lots of fluids. Don’t wait until you are thirsty to drink. If a doctor limits your fluid intake, make sure to ask how much to drink when it’s hot. Avoid beverages containing caffeine, alcohol, or large amounts of sugar. These drinks cause dehydration.
- Ask your doctor or other health care provider if the medications you take could increase your susceptibility to heat-related illness.
- Wear lightweight, light-colored, and loose-fitting clothing.
- Visit at-risk individuals at least twice a day. Watch for signs of heat-related illness such as hot, dry skin, confusion, hallucinations, and aggression.
- Call 9-1-1 if medical attention is needed.

How Does Excessive Heat Affect the Body? The body normally cools itself by increasing blood flow to the skin and perspiring. Heat related illness and mortality occur when the body’s temperature control system becomes overloaded. When this happens, perspiring may not be enough. High levels of humidity can make it even harder for the body to cool itself.

How are Excessive Heat and Heat Stroke Related? Heat stroke is the most serious health effect of excessive heat events. It is the failure of the body’s temperature control system. When the body

Later in Life Newsletter – July 2008

loses its ability to cool itself, core body temperature rises rapidly. As a result, heat stroke can cause severe and permanent damage to vital organs. Victims can be identified by skin that appears hot, dry, and red in color. Other warning signs are confusion, hallucinations, and aggression. If not treated immediately, heat stroke can result in permanent disability or death. The good news is that heat stroke can be prevented by taking the easy steps outlined above. Source: *Environmental Protection Agency* - <http://www.epa.gov/aging/resources/factsheets/index.htm#itdhpfehe>

Prescription Connection for ND program – 1-888-575-6611, insurance@nd.gov or www.nd.gov/ndins

Google Health – www.google.com/health - allows users to create an electronic health profile that stores their medical information and get relevant health information. The service also gives people the option of sharing their records with doctors and other providers.

SCHIP – Healthy Steps State Children’s Health Insurance Program – higher eligibility level will allow uninsured children living in families with net incomes of up to 150% of the federal poverty to qualify. This is about \$31800 per year for a family of 4. Families can deduct child care expenses, standard payroll taxes, court ordered and paid child support, among other things. <http://www.nd.gov/dhs/services/medicalserv/chip/> or 1-877-KIDSNOW (1-877-543-7669)

or send an e-mail to: jedison@nd.gov

US life expectancy has reached 78 years.

For ND residents, the Telecommunications Equipment Distribution Service (TEDS) provides free phones to eligible individuals. TEDS is administered by the ND Interagency Program for Assistive Technology (IPAT) and is funded through a contract with the ND Dept. of Human Services, Aging Services Division. Call 1-800-265-4728 or www.ndipat.org Emergency connect phone – comes with a pendant you can wear to call for help.

Unclaimed property – any financial asset that hasn’t had any activity by its owner for an extensive period of time. This may include, but is not limited to: savings, checking, certificate of deposit accounts, payroll, stocks and bonds (un-cashed dividends, interest checks, underlying shares principle), insurance proceeds, credit balances, customer deposits, travelers checks, money orders, other intangible interests or benefits. According to individual state laws, property becomes abandoned or unclaimed if the owner can’t be located by the holder of the asset within a specific period of time; generally 5-7 years. Check on-line at <http://www.land.state.nd.us>

Nat. Resource Center on Native American Aging, School of Medicine & Health Sciences, Room 4535, 501 N Columbia Road Stop 9037, Grand Forks, ND 58202-9037; 1-800-896-7628 or nrcnaa@medicine.nodak.edu

The Kensington in Williston is adding The Villa, which will accommodate 12 residents with Alzheimer’s and other memory loss conditions.

NW Human Service Center relocated to the American Family Insurance Building on Crosby’s Main Street (space formerly occupied by Crosby Chiropractic office) from the Divide County Courthouse.

Telephone Numbers to Know

Regional Aging Services Program Administrators

Region I: Karen Quick 1-800-231-7724
Region II: MariDon Sorum 1-888-470-6968
Region III: Donna Olson 1-888-607-8610
Region IV: Patricia Soli 1-888-256-6742
Region V: Sandy Arends 1-888-342-4900
Region VI: Russ Sunderland 1-800-260-1310
Region VII: Cherry Schmidt 1-888-328-2662
(local: 328-8787)
Region VIII: Mark Jesser 1-888-227-7525

ND Family Caregiver Coordinators

Region I: Karen Quick 1-800-231-7724
Region II: Theresa Flagstad 1-888-470-6968
Region III: Kim Helten 1-888-607-8610
Region IV: Raeann Johnson 1-888-256-6742
Region V: Laura Fischer 1-888-342-4900
Region VI: CarrieThompson-Widmer
1-800-260-1310
Region VII: Tammie Johnson 1-888-328-2662
(local: 328-8776)
Region VIII: Mark Jesser 1-888-227-7525

Long-Term Care Ombudsman Services

State Ombudsman: Lynne Jacobson
1-800-451-8693
Region I & II: Debbie Kraft 1-888-470-6968
Region III & IV: Kim Helten or Donna Olson
(701-665-2200) OR 1-888-607-8610
Region V & VI: Bryan Fredrickson
1-888-342-4900
Region VII: Lynne Jacobson 1-800-451-8693
Region VIII: Mark Jesser 1-888-227-7525

Vulnerable Adult Protective Services

Region I & II: Debbie Kraft 1-888-470-6968
Region III: Ava Boknecht, Kim Helten, Donna
Olson, or Andrea Laverdure 1-888-607-8610
Region IV: Patricia Soli 1-888-256-6742
Direct referral to GFCSS VAPS: 1-701-797-8540
RaeAnn Johnson Vulnerable Adult Team (VAT):
1-888-256-6742
Region V: Sandy Arends 1-888-342-4900
Direct referral may be made to Cass County Adult
Protective Services unit: 1-701-241-5747.
Region VI: Russ Sunderland 1-701-253-6344
Region VII: Cherry Schmidt 1-888-328-2662
or 1-701-328-8888
Region VIII: Mark Jesser 1-888-227-7525

Other

Aging Services Division and "Resource Link":
www.carechoice.nd.gov 1-800-451-8693
AARP: (1-888-OUR-AARP) 1-888-687-2277
Mental Health America of ND
(Local): 1-701-255-3692
Help-Line: 211 or 1-800-472-2911
IPAT (Assistive Technology): 1-800-265-4728
Legal Services of North Dakota: 1-800-634-5263
or (age 60+): 1-866-621-9886
Attorney General's Office of
Consumer Protection: 1-701-328-3404
1-800-472-2600
Social Security Administration: 1-800-772-1213
Medicare: 1-800-633-4227
Senior Health Insurance Counseling (SHIC)
ND Insurance Department: 1-701-328-2440
Prescription Connection: 1-888-575-6611
Alzheimer's Association: 1-701-258-4933
1-800-232-0851